

Application Data Sheet
Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Title::

Cervical Interspinous Process Distraction
Implant and Method of Implantation

Attorney Docket Number::

KLYC-01087US1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

6

Total Drawing Sheets::

16

Small Entity?::

Yes

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

James

Middle Name::

F.

Family Name::

Zucherman

Name Suffix::

City of Residence::

San Francisco

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Ken

Middle Name::

Y.

Family Name::

Hsu

Name Suffix::

City of Residence::

San Francisco

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Charles

Middle Name::

M.

Family Name::

Winslow

Name Suffix::

City of Residence:: Walnut Creek

State or Province of Residence:: California

Country of Residence:: United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: John

Middle Name::

Family Name:: Flynn

Name Suffix::

City of Residence:: Concord

State or Province of Residence:: California

Country of Residence:: United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Steve
Middle Name::
Family Name:: Mitchell
Name Suffix::
City of Residence:: Pleasant Hill
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Scott
Middle Name::
Family Name:: Yerby
Name Suffix::
City of Residence:: Montara
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address::
City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Jay

Middle Name::

A.

Family Name::

Markwart

Name Suffix::

City of Residence::

Concord

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number::

23910

Phone number::

(415) 362-3800

Fax Number::

(415) 362-2928

Email address::

officeactions@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/472,817	05/22/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: St. Francis Medical Technologies, Inc.
Street of mailing address:: 960 Atlantic Avenue, Suite 102
City of mailing address:: Alameda
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94501